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Bib Data Sheet

CONFIRMATION NO. 3424

|                                    |   |                     |                               |  |
|------------------------------------|---|---------------------|-------------------------------|--|
| <b>SERIAL NUMBER</b><br>10/078,277 | <b>FILING DATE</b><br>02/19/2002<br><b>RULE</b> | <b>CLASS</b><br>370 | <b>GROUP ART UNIT</b><br>2662 | <b>ATTORNEY<br/>DOCKET NO.</b><br>SAMS01-00171 |
|------------------------------------|---|---------------------|-------------------------------|--|

## APPLICANTS

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Joseph R. Cleveland, Richardson, TX;

\*\* CONTINUING DATA ..... *Verified*

THIS APPLN CLAIMS BENEFIT OF 60/282,059 04/06/2001

\*\* FOREIGN APPLICATIONS ..... *None*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 04/02/2002

|  |                               |                        |                       |                            |
|--|-------------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no  | STATE OR<br>COUNTRY<br>TURKEY | SHEETS<br>DRAWING<br>4 | TOTAL<br>CLAIMS<br>24 | INDEPENDENT<br>CLAIMS<br>3 |
| 35 USC 119 (a-d) conditions<br>met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>Allowance |                               |                        |                       |                            |
| Verified and<br>Acknowledged<br><i>Amber Nale</i><br>Examiner's Signature  | <i>Deu</i><br>Initials        |                        |                       |                            |

## ADDRESS

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## TITLE

Apparatus and method for allocating walsh codes to access terminals in an adaptive antenna array CDMA wireless network

|                                       |   |   |
|---------------------------------------|---|---|
| <b>FILING FEE<br/>RECEIVED</b><br>942 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                                 |
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